



School Based Child and Family Support Team Referral Form

Instructions: Please print and complete this form for youth who appear to be at-risk of school failure or out-of-home placement due to physical, social, legal, emotional, and/or developmental reasons. Send it to the Child and Family Support Team listed below.

Student's Name: _____ Grade: _____ DOB: _____
Student ID# _____ Current School: _____
Name of parent/guardian (specify relationship): _____
Address: _____ Phone(s): _____

Referring person: _____ Title/agency: _____ Date: ____/____/____
Phone number(s): _____ Email address: _____
Referring person's relationship to the student: _____
Has the parent or guardian of this student been notified of this referral? Yes _____ No _____

List *strengths* of student and family (Attach additional sheets if necessary):

Please check the factors or characteristics that apply to this student:

1. Academic factors

Retained one or more years

EOC/EOG (score <3)

Exceptional Children's Status
Category _____

Failed 2+ subjects (recent semester)

Referred to Student Support

Other _____

Sudden drop in grades

English as a Second Language

2. Attendance

Excessive absences

Frequently skips class

Suspensions

Excessive tardies

Frequently leaves school early

Other _____

3. Social interactions

Displays aggression, bullying,
anti-social behavior

Suspended from school for
disciplinary reasons

Lacks social skills; difficulty
with peer relationships

Displays inappropriate,
attention-getting behavior

Experience with bullying as
victim

Suspected gang involvement

Involved in delinquent activities

Withdrawn/Change in Behavior

Other _____

4. Potential identified health and human services needs

History of abuse/neglect/dependency or
domestic violence

Mental health concerns

Prior or current DSS non-CPS
related referral

Suspected alcohol, substance use/abuse

Developmental issues

Frequent Moves

Pregnant/parenting

Family income too low to provide
basic necessities

Legal Issues

Health concerns

Sibling has dropped out of school
or is teen parent

Homeless

Other _____

Please provide more information on page 2.

Send Forms to:

Mailing Address:

Phone Number:



Student ID# _____ Current School: _____

Please describe the main reason this student is being referred, the strengths of the child and family and provide any additional comments:

[illegible]

Actions Taken: